

Thomas O. Forslund, Director

Governor Matthew H. Mead

**WYOMING OFFICE OF EMERGENCY MEDICAL SERVICES
EMT PHYSICIAN SPONSOR FORM****Applicant Information:**

Last First Middle

Street or PO Box City State Zip

Certification # Expiration Date Date of Birth Social Security Number

Physician Sponsor Information:

It is my understanding that the applicant has met all the necessary requirements for certification as an EMT in the State of Wyoming and needs a licensed physician to serve as sponsor to satisfy State of Wyoming EMS requirements.

Physician Name Medical License Number

Physician Signature

OEMS Use Only

WY Certification # Expiration Date WY Course # NREMT Cert # Expiration Date

Date Received Approval Date

To submit this form you must have completed a Wyoming Office of Emergency Medical Services Licensure/Certification Application Form (WYOEMS-01) and attached all needed documentation and completed a criminal background check as outlined in the application document.

This form can be scanned and submitted electronically to ems-licensing@wyo.gov. Please contact our office with any questions.

Office of Emergency Medical Services • 6101 Yellowstone Rd., Suite 400 • Cheyenne WY 82002
WEB Page: www.health.wyo.gov/sho/ems • ems-licensing@wyo.gov

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